

general credit rating for the government of Guam from BB to B, considering Guam's \$416 million of current outstanding debts. This places Guam's creditworthiness into a moderate to high-risk category. Thus, in addition to lacking revenues to meet the basic needs of our community, future generations will have to shoulder the burden of excessive bond deficits and high interest repayment rates.

The House Committee on Government Reform, Democratic staff, recently prepared a special report which estimates the effect of the proposed tax cuts on Guam's Treasury. The committee estimates that the proposed tax cuts would cost \$38 million for fiscal year 2003. While these funds theoretically provide Guam taxpayers with tax relief, the report demonstrates that the average tax cut for the bottom 56 percent of Guam taxpayers would be \$199. The average tax cut for the top 2 percent of taxpayers on Guam would be \$13,935. In fact, the top 2 percent in the household income category would receive a disproportionate 21 percent of the total tax cut. While there may indeed be positive benefits to these tax cuts, Mr. Speaker, the loss of \$38 million in general fund revenues, almost 10 percent of the fiscal year 2004 budget projection, is a serious issue that should concern us.

While the bill that the House will consider on Friday has scaled back some of the tax cuts on dividends and capital gains, I strongly urge the Committee on the Budget and the Committee on Ways and Means to consider the effects of their proposals on the Territories that implement the mirror tax code such as Guam.

We on Guam would like to see offsets for tax cuts that Congress imposes. This may not be possible, but there are other ways that the Federal Government can help us to mitigate the effects of tax cuts. For example, we would like to see an increase in Compact-impact reimbursement to Guam to cover the actual costs of Compact immigration. We would like to have the Medicaid costs fully reimbursed, not capped by statute. Finally, we would like to see Supplemental Security Income extended to the Territory of Guam.

Any or all of these measures would help us to mitigate the effects of whichever tax cut Congress decides on. So my message today, Mr. Speaker, is that the Territories present unique situations that should be examined whenever Federal policy is considered and most importantly Federal tax policy.

ASTHMA PREPAREDNESS

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentleman from Florida (Mr. STEARNS) is recognized during morning hour debates for 5 minutes.

Mr. STEARNS. Mr. Speaker, today is World Asthma Day, and tomorrow is Asthma Awareness Day on Capitol Hill.

I am co-chair along with the gentleman from New York (Mr. TOWNS). Tomorrow I will be introducing legislation with the gentleman from Rhode Island (Mr. KENNEDY) called ASTHMA 2003. We intend to offer this legislation, and we think my colleagues should take a look at it and I hope they will cosponsor it.

But today I want all of us to think about this disease which is increasing astonishingly rapidly and it is affecting 20 million Americans, over 5 million of which are children who are in school. Asthma is the most common cause of missed schooldays. That is 14 million annually. It costs us tremendously in lost time learning, lost productivity and earnings and medical expenses, including of course costly emergency room visits.

While scientists work to understand asthma's prevalence and pharmaceutical makers discover new treatments, caring doctors, nurses and respiratory therapists dutifully diagnose and educate patients and parents and children with asthma soldier along, one different aspect I would like to talk about is the importance of remembering asthma medication in the role of self-preparation for emergencies. The events of this past year have heightened our collective consciousness to planning ahead and being ready for the unexpected and symptom-relieving, lifesaving asthma and allergy medication should be a part of every diagnosed individual or their family's "go-kit."

Did anyone see the movie "Signs" last summer when the family hid out in the basement but the father in his haste forgot to grab his asthmatic son's inhaler, the bronchodilator? By the time of escape, the son had to be revived out of his throat-closing reaction with an injection of epinephrine. That is a scary, sobering image. So remember critical medications to treat asthma and severe allergy reactions in the plans. Good resources to follow are the Federal Government's website, www.ready.gov, or ones operated by the American Red Cross or numerous other organizations.

Take us here in the Capitol. It is possible that rather than evacuation, we may be sheltered in place if there is a biological, chemical, or radiological event in the local area. If my colleagues or their families or anybody in the Capitol have allergies or asthma, do they have an extra inhaler in their desk drawer? I ask the Members to please remember this: To encourage their staff and our House employees to plan for such a contingency.

I would like to end with a heartening asthma story which I think comes to the point. In Operation Iraqi Freedom, our Army medical personnel provided a very touching story of treating injured, sick and pregnant civilians, perhaps more than a season of "M*A*S*H" episodes, but I found one especially inspiring. The Washington Post reported this on April 2, reported that Rashed Mohammad, his wife, Sikara, and their

son approached U.S. soldiers with their 3-year-old daughter, Rajwa. She was breathing laboredly in rapid gasps. The family could not afford the medical fees at the Iraqi hospital, and the parents feared their daughter would die.

A team led by Captain Eric Schobitz, 30, an Army doctor from Fairfax, administered oxygen and intravenous drip and antibiotics. "She has pneumonia and is also suffering from an asthma attack," he said. Equally important to arresting her acute episode, the Captain Schobitz showed her mother how to administer the inhaler and instructed the family to return if she showed no improvement in 2 days. And at this point, God willing, we are assuming she had a good outcome.

This underscores what I always promote and what my bill tomorrow addresses: Asthma management involves a committed team of the provider, the parents, and the child. I pray for this little girl's good health. I salute Captain Schobitz and urge us to remember asthma and allergy medication in our emergency preparedness efforts and wish all asthmatic children well on the eve of Asthma Awareness Day, which is going to be here in the Capitol.

Mr. Speaker, and colleagues, please join us tomorrow in the Cannon Caucus Room from 1 o'clock to 2 p.m. for a press conference, followed by a free asthma screening for all House Members, staff and all employees.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until 2 p.m. today.

Accordingly (at 1 o'clock and 13 minutes p.m.), the House stood in recess until 2 p.m. today.

□ 1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mrs. EMERSON) at 2 p.m.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

Lord God of Heaven and Earth, as Members of the House of Representatives gather to reflect upon the most significant needs of this Nation and make decisions that will shape its future, be very present to each of them with the piercing light of pure wisdom.

Scatter the clouds of self-interest and personal dismay that Your greater purpose may be realized in them.

Holy and Immortal One, all the elements of nature obey Your commands.

Calm the severe storms that have threatened Your people.

Grant compassionate help, protection, renewed faith and love to all who have lost family, home or treasured belongings due to destructive violence.